ST CAMILLUS HEALTH CENTER 10101 W WISCONSIN AVE

WAUWATOSA 53226 Phone: (414) 258-181	14	Ownership:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation	n: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	168	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	168	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	133	Average Daily Census:	148
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Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)	%				
Home Health Care	Yes	Primary Diagnosis	응	Age Groups	%	 Less Than 1 Year	30.1
Supp. Home Care-Personal Care	Yes					1 - 4 Years	49.6
Supp. Home Care-Household Services	Yes	Developmental Disabilities	1.5	Under 65	1.5	More Than 4 Years	20.3
Day Services	No	Mental Illness (Org./Psy)	59.4	65 - 74	3.8		
Respite Care	No	Mental Illness (Other)	0.8	75 - 84	26.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	56.4	********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.5			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	3.0	İ	100.0	(12/31/04)	
Other Meals	No	Cardiovascular	7.5	65 & Over	98.5		
Transportation	Yes	Cerebrovascular	7.5			RNs	10.5
Referral Service	No	Diabetes	1.5	Gender	%	LPNs	13.7
Other Services	No	Respiratory	0.8			Nursing Assistants,	
Provide Day Programming for	ĺ	Other Medical Conditions	16.5	Male	27.8	Aides, & Orderlies	47.4
Mentally Ill	No			Female	72.2		
Provide Day Programming for	j		100.0	İ			
Developmentally Disabled	No			į	100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		1	Private Pay	!		Family Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	3	4.1	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.3
Skilled Care	8	100.0	318	65	89.0	128	0	0.0	0	48	94.1	222	1	100.0	128	0	0.0	0	122	91.7
Intermediate				3	4.1	107	0	0.0	0	3	5.9	204	0	0.0	0	0	0.0	0	6	4.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	2.7	128	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.5
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		73	100.0		0	0.0		51	100.0		1	100.0		0	0.0		133	100.0

SI CAMIBBOS READIN CENTER

Admissions, Discharges, and	Percent Distribution	n of Residents'	Condit:	ions, Services, an	d Activities as of 1	2/31/04	
Deaths During Reporting Period		 			 % Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number o
Private Home/No Home Health	8.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Resident
Private Home/With Home Health	0.0	Bathing	4.5		58.6	36.8	133
Other Nursing Homes	0.0	Dressing	7.5		56.4	36.1	133
Acute Care Hospitals	84.8	Transferring	20.3		52.6	27.1	133
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.8		51.1	33.1	133
Rehabilitation Hospitals	0.0	Eating	48.1		37.6	14.3	133
Other Locations	7.1	********	* * * * * * * * * * * * * * *	*****	* * * * * * * * * * * * * * * * * *	******	******
otal Number of Admissions	198	Continence		8	Special Treatmen	ts	%
ercent Discharges To:		Indwelling Or Extern	nal Catheter	1.5	Receiving Resp	iratory Care	3.8
Private Home/No Home Health	20.2	Occ/Freq. Incontiner	nt of Bladder	48.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	17.1	Occ/Freq. Incontiner	nt of Bowel	32.3	Receiving Suct	ioning	0.8
Other Nursing Homes	1.8				Receiving Osto	my Care	0.0
Acute Care Hospitals	13.6	Mobility			Receiving Tube	Feeding	2.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.8	Receiving Mech	anically Altered Die	ts 24.1
Rehabilitation Hospitals	0.0						
Other Locations	14.0	Skin Care			Other Resident C	haracteristics	
Deaths	33.3	With Pressure Sores		3.8	Have Advance D	irectives	100.0
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	228	İ			Receiving Psyc	hoactive Drugs	73.7

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
		0.7.4		0.5 =		27.0			
Occupancy Rate: Average Daily Census/Licensed Beds	80.0	87.4	0.92	86.5	0.92	87.3	0.92	88.8	0.90
Current Residents from In-County	90.2	86.8	1.04	87.0	1.04	85.8	1.05	77.4	1.17
Admissions from In-County, Still Residing	19.7	21.8	0.90	18.9	1.04	20.1	0.98	19.4	1.02
Admissions/Average Daily Census	133.8	159.1	0.84	188.2	0.71	173.5	0.77	146.5	0.91
Discharges/Average Daily Census	154.1	159.6	0.97	190.4	0.81	174.4	0.88	148.0	1.04
Discharges To Private Residence/Average Daily Census	57.4	63.2	0.91	77.5	0.74	70.3	0.82	66.9	0.86
Residents Receiving Skilled Care	94.0	96.1	0.98	95.9	0.98	95.8	0.98	89.9	1.05
Residents Aged 65 and Older	98.5	96.5	1.02	90.5	1.09	90.7	1.09	87.9	1.12
Title 19 (Medicaid) Funded Residents	54.9	50.4	1.09	56.3	0.98	56.7	0.97	66.1	0.83
Private Pay Funded Residents	38.3	33.2	1.16	22.2	1.73	23.3	1.65	20.6	1.87
Developmentally Disabled Residents	1.5	0.5	2.83	1.1	1.36	0.9	1.73	6.0	0.25
Mentally Ill Residents	60.2	33.9	1.77	29.0	2.07	32.5	1.85	33.6	1.79
General Medical Service Residents	16.5	26.1	0.63	25.4	0.65	24.0	0.69	21.1	0.79
Impaired ADL (Mean)	55.2	51.2	1.08	52.6	1.05	51.7	1.07	49.4	1.12
Psychological Problems	73.7	62.3	1.18	55.4	1.33	56.2	1.31	57.7	1.28
Nursing Care Required (Mean)	4.3	7.1	0.61	7.7	0.57	7.7	0.56	7.4	0.58